



Ski Lift/Tow Accident Report 2013

SAFETY AND BUILDINGS DIVISION
Integrated Services Bureau
P.O. Box 7302
Madison, Wisconsin 53707-7302
Fax: 608-267-9723
TDD: Contact through Relay
<http://dsps.wi.gov/sb.html>
Scott Walker, Governor

The owner/operator of the passenger ropeway shall notify the Department of Safety and Professional Services of every accident involving personal injury that requires medical attention which is more than onsite first aid. (See SPS 334.41, Wisconsin Administrative Code.)

This form must be submitted within two days after accident or injury. Fatalities shall be reported within 24 hours. (During normal business hours call 608-261-2503 or 608-266-1816. After business hours call 1-800-943-0003.) Penalties for failure to report are provided in 101.2, Wisconsin Statutes.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Report Date	Accident Date	Name of Ski Area	Phone Number
Lift Identification Number	Location Address		
Lift Manufacturer		Lift Name	
Responsible Lift Operator Name			
Liability Insurance Company Name			Number of People Injured:
Injured Person(s) Name and Address			
Injured Person(s) or Representative Signature (if possible)			
Extent of Injuries: <input type="checkbox"/> Amputation/Severance <input type="checkbox"/> Crushed <input type="checkbox"/> Lacerations <input type="checkbox"/> Fatality <input type="checkbox"/> Fracture <input type="checkbox"/> Other, specify _____			Was Injured person(s) Your Employee(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Describe Accident (continue on separate page if necessary):			
Accident Reporter's Printed Name and Signature		Position	Date Signed